



**CLASSIC PLUS PLAN**

**PREMIUM**

|                            |                              |               |
|----------------------------|------------------------------|---------------|
| <b>Reimbursable option</b> | (Terms and Conditions Apply) | <b>Global</b> |
|----------------------------|------------------------------|---------------|

**Obstetrics & Gynaecology / Maternity Services ( 9 months waiting period applies)**

**Family Planning**

|  |         |
|--|---------|
| Information on contraception   | Covered |
| Medical History  | Covered |
| Physical Examination   | Covered |
| Sex education, including prevention of sexually transmitted diseases | Covered |

**Birth Control**

|                          |         |
|--------------------------|---------|
| Oral contraceptives      | Covered |
| IUDs                     | Covered |
| Depo Provera (injection) | Covered |
| Norplant                 | Covered |
| Bilateral Tubal Ligation | Covered |
| Vasectomy                | Covered |

|                             |  |
|-----------------------------|--|
| <b>Infertility Services</b> | <b>Covered Prior to diagnosis</b> - HSG, Hormonal Profile, Semen Analysis, Ultrasound only |
|-----------------------------|--|

**(Testing and Diagnosis Only)- once diagnosis confirmed further investigations/treatment not covered**

|   |         |
|---|---------|
| Consultation with a reproductive endocrinology/infertility specialist | Covered |
|---|---------|

**Maternity Care**

|   |             |
|---|-------------|
| Normal Pregnancy  | Covered     |
| Prenatal care   | Covered     |
| Normal delivery   | Covered     |
| Assisted delivery   | Covered     |
| Caesarean section delivery  | Covered     |
| Hazard Fee (Delivery for HIV & Hepatitis B Pregnancy)   | Not Covered |
| Postnatal care  | Covered     |
| Puerperal infection   | Covered     |
| False labor   | Covered     |
| Occasional spotting   | Covered     |
| Physician-prescribed bed rest during pregnancy (Subject to annual admission limit)  | Covered     |
| Preeclampsia  | Covered     |
| Termination of pregnancy for life-endangering conditions  | Covered     |
| Room and board, special diets, the services of a dietician, and skilled nursing in connection with childbirth for the mother or newborn child a vaginal delivery or a cesarean section delivery | Covered     |

**Neonatal Services**

|                 |  |
|-----------------|--|
| Incubator care: |  |
|-----------------|--|

|   |  |
|---|--|
| Term delivery   | Covered Max 1 week                       |
| Preterm delivery  | covered for 4 weeks                      |
| Phototherapy  | Covered                                  |
| Exchange blood transfusion  | Covered                                  |
| <b>Immunizations ( for children Only)</b>   |  |
| <b>NPI Vaccinations</b>   |  |
| BCG   | Covered                                  |
| Measles   | Covered                                  |
| Pentavalent (DPT + HBV+ Hib)  | Covered                                  |
| Oral Polio Vaccine  | Covered                                  |
| Vitamin A   | Covered                                  |
| Yellow Fever  | Covered                                  |
| Pneumococcal (NPI)  | Covered                                  |
| Booster doses of Immunization (NPI)   | Covered                                  |
| Well Child Evaluation/Child Health Supervision Services                           | covered                                  |
| Well-baby care  | covered                                  |
| Well-child care   | covered                                  |
| <b>Additional Immunizations</b>   |  |
| Meningococcal   | Covered                                  |
| Rota Virus  | Covered                                  |
| Chicken Pox   | Covered                                  |
| MMR   | Covered                                  |
| Typhoid Vaccine   | Covered                                  |
| <b>Behavioural Health services / Psychiatry/ Mental Health</b>                    |  |
| Inpatient & Outpatient care of behavioral psychiatric disorders.                  | Covered                                  |
| Family Counseling - Counseling with family members to aid diagnosis and treatment | Covered                                  |
| <b>Dental Care (6 months waiting period applies)</b>                              | Overall Annual Limit<br>N50,000.00       |
| Simple extraction   | Covered                                  |
| Surgical extraction (2 Teeth Max Once a year)                                     | Covered                                  |
| Amalgam filling   | Covered                                  |
| Composite filling   | Covered                                  |
| Dental X-rays   | Covered                                  |
| Dental Crown  | Covered                                  |
| Scaling and polishing   | Covered                                  |
| Pain therapy  | Covered                                  |
| Root Canal Therapy  | Covered                                  |
| Orthodontic Procedures (Consultation, Implants, Dentures, Braces)                 | Covered                                  |
| <b>Ophthalmic Services ( 6 months waiting period applies)</b>                     | Overall annual limit<br>of<br>N40,000.00 |
| Primary eye care (see below breakdown of primary and secondary investigations)    | Covered                                  |
| Secondary Ophthalmic Investigations /or Surgery (Principal only not transferable) | Covered Max<br>N100,000.00               |
| <b>Optical: ( 6 months waiting period applies)</b>                                | Two years Limit                          |

|   |  |
|---|--|
| Provision of lenses viz.: unifocal, bifocal, varifocal, contact lens (Once in 2 Years)  | covered Plus Frame<br>Max N20,000.00                         |
| <b>Dialysis Hospital/Dialysis Center</b>  |  |
| Dialysis for acute renal disease.   | 5 Sessions   |
| Chronic renal disease management (Including Kidney transplant)  | Not Covered  |
| <b>Durable Medical Equipment (DME)</b>  |  |
| In-hospital use of DME, such as crutches, walkers, oxygen and equipment for the administration of oxygen, standard manual wheelchairs   | Covered  |
| <b>Physical Rehabilitation and Therapy</b>  |  |
| Physiotherapy   | 15 Sessions  |
| Electrode   | Covered  |
| Ultrasound Therapy  | Covered  |
| Shortwave Diathermy   | Covered  |
| <b>Emergency Medical Services</b>   |  |
| Ambulance transport:  | Covered  |
| Roadside/Office to hospital   | Covered  |
| Hospital to hospital  | Covered  |
| Emergency room stabilization  | Covered  |
| Intensive care  | Covered up to 10 days  |
| <b>Wellness and Preventive Services</b>   |  |
| Annual Physical Examination (Elective)  | Covered  |
| Elective cancer screening tests (Qualitative PSA, Manual Breast Examination, VIA)<br><i>[At designated centres &amp; subject to terms and conditions: (40 years and above, Continued membership for 2 consecutive years)]</i> | Covered<br>(Once in two years)                               |
| Annual comprehensive Medical Examination (Elective)   | Covered (Principal only)                                     |
| Cervical Screening  | When medically indicated (or as part of Annual Medical)      |
| Prostate Screening  | When medically indicated (or as part of Annual Medical)      |
| Mammogram   | Only when medically indicated (or as part of Annual Medical) |
| HP Health talk, Health Seminars, E-Newsletters  | Covered (Quarterly)  |
| HP Quick Care (Fast-track screening and treatment of malaria at HP designated centres)  | Covered  |
| HP Pharmacy benefit program (Access to high quality medications for chronic diseases in partnership with Africa's premier PBM and major pharmaceutical companies (Hypertension, Diabetes, Asthma, etc)                        | Covered  |
| Lifestyle and Weight Management*  | Covered  |
| Gym services (Terms and conditions apply)   | Covered  |
| <b>HIV Treatment</b>  |  |

|   |                                |
|---|--------------------------------|
| Treatment via provision of ARVs at Government Designated Centers.   | Covered                        |
| <b>Hospital Inpatient Services For Covered Services</b>             | 30 days maximum                |
| Room and board  | <b>Private ward</b>            |
| Blood Transfusion   | Covered                        |
| Special diets   | Covered                        |
| Services of a dietician   | Covered                        |
| Skilled nursing   | Covered                        |
| Private ward (for isolation)  | Covered                        |
| A bed in a nursery unit   | Covered                        |
| A bed in an emergency room and observation room/area                | Covered                        |
| Use of operating, delivery, cast, and treatment rooms and equipment | Covered                        |
| Prescribed drugs administered while the Enrollee is an Inpatient.   | Covered                        |
| Medical and surgical dressings                                      | Covered (limit of 20)          |
| Oxygen and administration of oxygen                                 | Covered                        |
| Covered diagnostic laboratory and X-ray services                    | Covered                        |
| <b>Orthotics</b>  |                                |
| Musculoskeletal orthotics, such as braces, splints                  | Covered                        |
| <b>Physician Services</b>   |                                |
| General outpatient/inpatient consultation                           | Covered                        |
| Specialist outpatient/inpatient consultation                        | Covered                        |
| Emergency care  | covered                        |
| <b>Patient Education</b>  |                                |
| Patient education classes are covered for the following diagnoses:  | Covered                        |
| Prenatal childbirth - for pregnant mothers                          | covered                        |
| Diabetes  | covered                        |
| Asthma  | covered                        |
| <b>Radiology</b>  |                                |
| Electrocardiography   | covered                        |
| Electroencephalography (EEG)  | Covered                        |
| Echocardiogram  | Covered (limit of 1 per annum) |
| Electromyelogram  | Covered                        |
| Endoscopy   | Covered (limit 2 per annum)    |
| Antral washout  | covered                        |
| Aural irrigation  | covered                        |
| Diagnostic X-rays   | covered                        |
| Upper Limb  | covered                        |
| Hand/Wrist  | covered                        |
| Forearm (Radius/Ulna)   | covered                        |
| Elbow   | covered                        |
| Humerus   | covered                        |
| Shoulder  | covered                        |
| Clavicle  | covered                        |
| Lower Limb  | covered                        |
| Foot/Toe  | covered                        |
| Ankle   | covered                        |
| Leg (Tibia/Fibula)  | covered                        |

|   |                       |
|---|-----------------------|
| Knee  | covered               |
| Femur or Thigh  | covered               |
| Hip (Single)  | covered               |
| Pelvis (AP)   | covered               |
| Pelvis & Hip  | covered               |
| Thorax  | covered               |
| Chest (PA/AP)   | covered               |
| Chest (PA/Lateral)  | covered               |
| Chest (Oblique)   | covered               |
| Apical/Lordotic   | covered               |
| Sternum   | covered               |
| Thoracic Inlet  | covered               |
| Vertebral Spine   | covered               |
| Cervical Spine  | covered               |
| Lateral Neck (Soft Tissue)                                      | covered               |
| Thoracic Spine  | covered               |
| Thoraco-lumbar Spine  | covered               |
| Lumbosacral Spine   | covered               |
| Abdomen   | covered               |
| Abdomen (Plain)   | Covered               |
| Abdomen (Erect/Supine)  | Covered               |
| Contrast Studies (Barium meal, Barium swallow and Barium enema) | Covered               |
| Doppler Scan  | Covered               |
| Diagnostic Ultrasound   | Covered               |
| CT Scan   | Covered (2 per annum) |
| MRI   | Covered (2 per annum) |
| Diagnostic Laboratory Tests                                     | covered               |
| Hematology  | covered               |
| Bleeding Time   | covered               |
| Blood Group   | covered               |
| Clotting time   | covered               |
| DIFF  | covered               |
| ESR   | covered               |
| FBC & ESR   | covered               |
| Full Blood Count (FBC)  | covered               |
| HB Genotype   | covered               |
| Hemoglobin  | covered               |
| L. E Cells  | covered               |
| Malaria   | covered               |
| Microfilaria  | covered               |
| PCV   | covered               |
| Platelets   | covered               |
| Prothrombin time  | covered               |
| RBC   | covered               |
| Reticulocyte count  | covered               |
| WBC   | covered               |
| Serology  | covered               |
| ASO Titer   | covered               |

|  |             |
|--|-------------|
| Blood Grouping                           | covered     |
| Coombs test                              | covered     |
| Heaf test                                | covered     |
| Hepatitis Antigen                        | covered     |
| HIV Screening/ confirmatory              | covered     |
| Pregnancy (blood)                        | covered     |
| Pregnancy (urine)                        | covered     |
| Rheumatoid factor                        | covered     |
| VDRL                                     | covered     |
| Widal test                               | covered     |
| Blood Chemistry                          | covered     |
| Glucose                                  | covered     |
| Calcium                                  | covered     |
| Phosphorus                               | covered     |
| Urea                                     | covered     |
| Creatinine                               | covered     |
| Uric acid                                | covered     |
| Albumin                                  | covered     |
| Cholesterol                              | covered     |
| Triglyceride                             | covered     |
| HDL                                      | covered     |
| LDL                                      | covered     |
| SGOT                                     | covered     |
| SGPT                                     | covered     |
| Alkaline Phosphate                       | covered     |
| Bilirubin                                | covered     |
| Sodium                                   | covered     |
| Potassium                                | covered     |
| Bicarbonate                              | covered     |
| Chloride                                 | covered     |
| Urine Chemistry                          | covered     |
| Urinalysis                               | covered     |
| Creatinine Clearance                     | covered     |
| Microbiology                             | covered     |
| Urine Microscopy, Culture & Sensitivity  | covered     |
| Stool Microscopy                         | covered     |
| Stool Microscopy, Culture & Sensitivity  | covered     |
| Stool Occult Blood                       | covered     |
| Swab Microscopy, Culture & Sensitivity   | covered     |
| Sputum Microscopy, Culture & Sensitivity | covered     |
| Sputum ZN stain                          | covered     |
| Semen Analysis                           | covered     |
| Semen Microscopy, Culture & Sensitivity  | covered     |
| Hormone Assays                           | covered     |
| Thyroid Function Test                    | Covered     |
| Tympanometry                             | Covered     |
| Pure Tone Audiometry                     | Covered     |
| Hearing Aid                              | Not covered |
| <b>Prescription Drugs</b>                | covered     |

| <b>Prescription Drugs for Chronic conditions (Hypertension, Diabetes, Glaucoma, Asthma, Arthritis only) ( 6 months waiting period applies)</b> |                                    |
|--|------------------------------------|
| <b>Surgical Services</b>   | <b>Limit of N<br/>1,200,000.00</b> |
| Surgical supplies normally required for covered surgical procedures  | covered                            |
| Anesthesia normally required for covered surgical procedures   | covered                            |
| Administration of blood and blood plasma   | covered                            |
| Second and Third Surgical Opinion  | covered                            |
| <b>Inpatient or Outpatient minor, intermediate or major surgeries viz.: (Subject to overall limits at designated hospitals)</b>                |                                    |
| Surgical drainage of simple abscesses  | covered                            |
| Surgical drainage of breast abscesses  | covered                            |
| Surgical drainage of galactocele   | covered                            |
| Subperiosteal drainage for acute osteomyelitis   | covered                            |
| Drainage for septic arthritis  | covered                            |
| Intercostal drainage insertion   | covered                            |
| Exostectomy  | covered                            |
| Aspiration of joints   | covered                            |
| Debridement of wounds  | covered                            |
| Surgical repair of simple wounds   | covered                            |
| Biopsy of breast lump  | covered                            |
| Biopsy of tumor on abdominal wall  | covered                            |
| Biopsy of bone tumor   | covered                            |
| Excision of tumor on abdominal wall  | covered                            |
| Tracheotomy  | covered                            |
| Thoracotomy  | covered                            |
| Evacuation of impacted feces   | covered                            |
| Closed reduction of fractures  | covered                            |
| Closed reduction and immobilization of joint dislocations  | covered                            |
| Ganglionectomy   | covered                            |
| Temporary diversion of urine   | covered                            |
| Circumcision   | covered                            |
| Electro fulguration of condylomata acuminata   | covered                            |
| Suprapubic cystostomy  | Covered                            |
| Venous obstruction – saphenous by pass   | covered                            |
| Injection sclerotherapy of varicose veins  | covered                            |
| Excision-biopsy of breast mass   | covered                            |
| Biopsy of thyroid gland  | covered                            |
| Oophorectomy   | covered                            |
| Surgical drainage of hematoma of rectus abdominus  | covered                            |
| Laparotomy   | covered                            |
| Laparotomy and biopsy of diseased viscera in abdominal cavity  | covered                            |
| Repair of colostomy  | covered                            |
| Anal sphincteroplasty  | covered                            |
| Value Added Services   | covered                            |
| Milligan's procedure   | covered                            |
| Surgical drainage of anal abscess  | covered                            |
| Polypectomy  | covered                            |
| Inguinal herniorraphy  | covered                            |
| Femoral herniorraphy   | covered                            |

|  |                 |
|--|-----------------|
| Ventral herniorraphy   | covered         |
| Sequesrectomy  | covered         |
| Saucerization of chronically infected bone   | covered         |
| Surgical excision of soft tissue tumor   | covered         |
| Excision-biopsy of soft tissue tumors  | covered         |
| Drainage of paronychia   | covered         |
| Surgical drainage of hand abscess  | covered         |
| Orchidopexy  | covered         |
| Hydroceletomy  | covered         |
| Excision of intrascrotal mass  | covered         |
| Surgery for torsion of spermatic cord  | covered         |
| Varicocelectomy  | covered         |
| Theirsch's procedure   | covered         |
| Lord's procedure   | covered         |
| Epigastric herniorraphy  | covered         |
| Dissection of femoral triangle   | covered         |
| Dissection of inguinal nodes   | covered         |
| <b>Cancer Treatment</b>  |                 |
| Cancer care (Medical + Surgical + Chemotherapy + Radiotherapy, Subject to overall suraical limits)   | Covered         |
| <b>Urgent Care/Emergency Care</b>  | covered         |
|  |                 |
| <b>Other Benefits</b>  |                 |
|  |                 |
| <b>Life and Permanent disability benefit (dependants only)</b>   | N 100,000       |
|  |                 |
| <b>Death/Mortality Benefits (Per family)</b>   | up to N 300,000 |
|  |                 |
| <b>Complimentary Value Added Services</b>  |                 |
| Pharmacy Benefit Program - access to high quality drug chronic medication for chronic diseases in partnership with Africa's premier PBM and major pharmaceutical companies (Hypertension, Diabetes, Asthma, etc) | ✓               |
| Personal Health Equipments for chronic condition (BP Monitors, Glucometer for Principals only)*  | ✓               |
| Medical Enquiries  | ✓               |
| Ambulatory primary care services ( HP Quick Care ®) Fast track access to Malaria treatment   | ✓               |
| Health talk, Health Seminars   | ✓               |
| HP Doctors-at-Work Program   | ✓               |
| Gym (Principals only)  | ✓               |
| HP Enrollee Loyalty Discounts (5 - 25% discounts) at partners outlets  | ✓               |
| 25% Discounts on all Clothes & Apparels at ALL Twice as Nice Outlets Nationwide  | ✓               |
| Discounts on 3rd Party & Comprehensive Vehicle insurance (powered by NSIA Insurance Nigeria)   | ✓               |
| Selected Discount on purchases at all Hubmart Stores outlets   | ✓               |
|  |                 |
| <b>Additional Benefits on request***</b>   |                 |



|   |   |
|---|---|
| BUPA International health plan  | ✓ |
| International medical Evacuation & Repatriation                             | ✓ |
| International Health cover (US, UK, SA, Europe, Asia)                       | ✓ |
| Travel Health Insurance Cover   | ✓ |
| Overseas medical treatment for conditions that cannot be treated in Nigeria | ✓ |

\* Subject to terms and conditions

| <b>Exclusions**</b>  |
|--|
| Re-Circumcision  |
| Complex Surgeries (Transplant surgeries, Advanced interventional cardiology, cardio-thoracic surgeries, neuro surgeries)   |
| Hepatitis B & C Antibodies, Hepatitis Viral load and HIV CD4 count & Viral load  |
| Experimental treatments, Herbal drugs/supplements, Nutritional Supplements, Clomid, Anti- TB drugs, Anti-retroviral drugs, Anti- psychotics/Anti-depressants, chemotherapy drugs, Hepatitis B/C drug treatment, Systemic Lupus Erythematosus, Amyloidosis, Intra-articular steroid, drug treatment for infertility |
| Physical, Neurocognitive and Speech Therapy  |
| Cosmetic/Plastic Surgeries   |
| Management of chronic Renal disease including kidney transplant  |

\*\* All Benefits not expressly stated in this schedule are not covered. Benefits on the exclusions list and benefits not covered can be managed on Third Party Administration (TPA) Basis